

FILE NUMBER: _____ DATE: _____

**** FILL IN ALL INFORMATION BELOW OR WRITE NOT APPLICABLE (N/A) ****

**** **PETITIONER (YOU)** **** Do you need an interpreter? ☐ YES ☐ NO Language: _____

Full Legal Name: _____ Alias/Maiden Name: _____

Date of Birth: _____ Race: _____ M/F _____

Home Address: _____

City/State/Zip: _____

Does the respondent know that you live here? ☐ YES ☐ NO

Workplace: _____

Address: _____

City/State/Zip: _____

Does the respondent know you work here? ☐ YES ☐ NO

Other (school/daycare): _____

Address: _____

City/State/Zip: _____

Does the respondent know this address? ☐ YES ☐ NO

Would you like the respondent to be ordered a distance of one block away from your residence/workplace/other? ☐ YES ☐ NO

Does the Respondent live or work within a one city block radius of the above-listed addresses? ☐ YES ☐ NO

Home phone: _____ **Work phone:** _____ **Other:** _____

Does the respondent know these phone numbers? ☐ YES ☐ NO

Can we leave a voice message on them? ☐ YES ☐ NO

**** **RESPONDENT(S) (OTHER PERSON/S)** ****

Full Legal Name: _____

What is your relationship to (or how do you know) the respondent? _____

If married, date of marriage: _____

The respondent and I lived together from _____ to _____

What keys, if any, do you want removed from the respondent? _____

**** List minor children ****

FULL LEGAL NAME	Date of Birth	Male or Female (M/F)	Race	Is this your child? (Y/N)	Is this your child with Respondent? (Y/N)	Does this child currently live with you? (Y/N)	Was the Recognition of Parentage signed? (Y/N/Not Sure)	Paternity established through Court? (Y/N/Not Sure)

The respondent and I have been involved in the following court proceedings: CHECK ALL THAT APPLY

CASE TYPE	Is there a Final Ct Order Establishing Custody, Parenting Time, Child Support?	COUNTY	FILE NUMBER	DATE/S FILED
<input type="checkbox"/> ORDER FOR PROTECTION				
<input type="checkbox"/> HARASSMENT RESTRAINING ORDER				
<input type="checkbox"/> CHILD SUPPORT				
<input type="checkbox"/> PATERNITY				
<input type="checkbox"/> DISSOLUTION (DIVORCE)				
<input type="checkbox"/> CHILD PROTECTION				
<input type="checkbox"/> CRIMINAL PROCEEDINGS				
<input type="checkbox"/> OTHER: _____				

Would you like the respondent to have **no contact** with you in any way?

☐ YES ☐ NO

Would you like the respondent to have **no contact** with the minor child/ren?

☐ YES ☐ NO

☐ Would you like to obtain a **two year order without a hearing** today

-OR-

☐ **request a hearing**

For Orders for Protection, answer the questions below:

The respondent has inflicted or threatened **domestic abuse** upon the petitioner

☐ YES ☐ NO

The respondent has inflicted or threatened **domestic abuse** upon the minor child(ren)

☐ YES ☐ NO

If yes, name the child/ren who were victim/s: _____

As a result of domestic abuse, were the **police** involved?

☐ YES ☐ NO

As a result of domestic abuse, did you seek **medical attention**?

☐ YES ☐ NO

Are you asking for **custody** of the child/ren?

☐ YES ☐ NO

Would you like the respondent to have **parenting time/visitation** with the children?

☐ YES ☐ NO

If yes, would you like the parenting time/visitation to be:

Supervised at a Children's Safety Center (see brochure)?

☐ YES ☐ NO

Exchanged at a Children's Safety Center (see brochure)?

☐ YES ☐ NO

Arranged by a third party?

☐ YES ☐ NO

Supervised by a third party?

☐ YES ☐ NO

If so, by whom? _____ Is this person aware of this?

☐ YES ☐ NO

*******BE ADVISED THAT A HEARING IS REQUIRED TO ORDER THE RELIEF BELOW****

Would you like the respondent to be ordered to **treatment/programming** for **domestic abuse**?

☐ YES ☐ NO

Would you like the respondent to be ordered to **treatment/programming** for **chemical use**?

☐ YES ☐ NO

Would you like the respondent to be prohibited from **acquiring or possessing a firearm**?

☐ YES ☐ NO

ARE YOU SEEKING:

Child support

☐ YES ☐ NO

Spousal maintenance

☐ YES ☐ NO

Medical support/health insurance

☐ YES ☐ NO

☐ My or ☐ the child's (ren's) health/dental insurance is provided by ☐ PETITIONER ☐ RESPONDENT

If you are seeking child support or maintenance, please fill out this section:

My income is \$_____ per month, from _____ (source). I have monthly expenses of \$_____, including

\$_____ for minor child (ren). Respondent's income is \$_____ per month, from _____ (source).

I have childcare costs of \$_____ per month because of employment or school.